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CONFIRMATION NO. 3325

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/668,768	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 341	<b>GROUP ART UNIT</b> 2819	<b>ATTORNEY DOCKET NO.</b> 8011-1 CIP CON
<b>APPLICANTS</b> James J. Fallon, Armonk, NY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 10/016,355 10/29/2001 PAT 6,624,761 which is a CIP of 09/705,446 11/03/2000 PAT 6,309,424 which is a CON of 09/210,491 12/11/1998 PAT 6,195,024				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/16/2003</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 34	<b>TOTAL CLAIMS</b> 1  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 1473				
<b>TITLE</b> SYSTEM AND METHODS FOR DATA COMPRESSION SUCH AS CONTENT DEPENDENT DATA COMPRESSION				
<b>FILING FEE RECEIVED</b> 2750	FEES: Authority has been given in Paper . No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	